

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/225233 FILING DATE 1-4-99  
APPLICANT(S)

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3		/			54						
5		4		/			55						
6		1		/			56						
7		1		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14	/		/				64						
15		/		/			65						
16		/		/			66						
17		1		/			67						
18		1		/			68						
19		4		/			69						
20					/		70						
21					/		71						
22					/		72						
23					/		73						
24					/		74						
25					/		75						
26					/		76						
27					/		77						
28					/		78						
29					/		79						
30					/		80						
31					/		81						
32					/		82						
33					/		83						
34					/		84						
35					/		85						
36					/		86						
37					/		87						
38					/		88						
39					/		89						
40					/		90						
41					/		91						
42					/		92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		3		2		TOTAL IND.						
TOTAL DEP.	24		16		21		TOTAL DEP.						
TOTAL CLAIMS	27		19		23		TOTAL CLAIMS						

B

1 owe multiple dep